

RENTAL HOUSE
3410 N N 5000 E
Murtaugh, ID 83334

Ricardo Victorino
Victor A Hernandez Cervantes
Ricardo I Neri Camacho

FEBRUARY 2,2015

IDAHO POWER-To be put in Ricardo Victorinos name (bill to be split by everyone living there)

RENT-Everyone living there pays rent of \$50 for the month (Due on the 7th)

HEATING FUEL-if needed-they will be responsible for the fill up to be divided & paid on the 22nd

MARCH

RENT-\$100 per month per person!

RENT will continue at \$100 per month per person per month

Exhibit 4

4245 East 3200 North
Murtaugh, Idaho 83344



PH: 208.423.4062
Fax: 208.423.6797
Email: Funkdairy@yahoo.com

October 15, 2014

United States Embassy
Visa Section
Mexico City, Mexico

Re: TN Visa Application of Leslie Ortiz Garcia

Dear Sir or Madam:

We are submitting this letter in support of the TN visa application of Ms. Leslie Ortiz Garcia, a citizen of Mexico, whom we wish to employ in the professional-level position of Animal Scientist for a three-year period commencing in October 2014 at an annual salary of at least \$25,000.

I. Information concerning Funk Dairy, Inc.

Established in 1996, Funk Dairy, Inc. is an Idaho agribusiness engaged in full-scale commercial dairy production and related animal breeding and agricultural operations (our milk is used primarily in butter and powdered milk). We currently have over 9400 dairy cows and over 7700 heifers; employ 69 personnel; and utilize the latest technologies to maximize milk production, animal health, and herd reproductive capacity.

II. Information concerning the position of Animal Scientist

We are seeking to employ Ms. Ortiz in the professional position of Animal Scientist to help develop, implement, and oversee effective animal reproduction, nutrition, animal health, and related dairy industry programs relating to effective herd management. Applying advanced theoretical and practical knowledge and skills in the field of animal science, she will be responsible for performing artificial insemination, sick/pregnant cow treatment, fresh cow monitoring, calving, colostrum handling, feed evaluation/preparation, and related professional duties including monitoring milk cleanliness/concentration and monitoring the transfer of antibodies in calf blood. Due to the sophisticated, professional nature of the above duties, the person filling this position must hold at minimum a Bachelor's degree in Agricultural Science, Dairy Science, Veterinary Medicine, or a closely related field (please note that English language fluency is not required given the specific nature of the above duties and because the animal scientist will report to bilingual supervisory personnel on-site).

III. Information concerning Ms. Ortiz

Ms. Ortiz is well qualified for the position based on her strong professional credentials, which include a Bachelor's degree in Veterinary/Zootechnical Medicine from the Universidad Nacional Autonoma de Mexico and additional professional training and experience in the animal science field.

We hereby guarantee that we will comply with all terms of Ms. Ortiz's TN status for the duration of her employment with us and thank you for your favorable consideration of her application. Please let us know if you require any additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "Curtis Giles", written in a cursive style.

Curtis Giles

Operations Manager

Exhibit 5



DEPARTMENT OF HOMELAND SECURITY

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CASE NUMBER

(k)(2);(b)(7)(E)

CASE OPENED

8/9/2012

CURRENT CASE TITLE

FUNK DAIRY INC

REPORT TITLE

CASE CLOSURE WITH WARNING

SYNOPSIS

The Immigration and Customs Enforcement (ICE) Special Agent in Charge (SAC) Seattle, WA Worksite Enforcement Group has identified FUNK DAIRY, INC. as a business subject to a Form I-9 inspection. The inspection comes as a result of an ICE Headquarters mandated September 2012 worksite enforcement Form I-9 Audit Initiative. This business was selected for inspection based on a lead indicating the business is suspected of employing unauthorized aliens. SAC Seattle Agents/Auditors will conduct the inspection and determine whether FUNK DAIRY, INC. is subject to a criminal investigation, compliance disposition, Warning Notice or administrative fine. This Report of Investigation (ROI) documents discussion of the WARNING NOTICE with FUNK DAIRY, INC. and case closure.

REPORTED BY

(b)(6);(b)(7)(C);(k)(2)

ICE ENF AID

APPROVED BY

(b)(6);(b)(7)(C);(k)(2)

OIGRP SUPERVISOR

DATE APPROVED

4/28/2013

Current Case Title

FUNK DAIRY INC

ROI Number

(k)(2);(b)(7)(E)

Date Approved

4/28/2013

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DETAILS OF INVESTIGATION

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SAC Seattle received the following leads from the HSI Tip Line:

1 On 8/21/2807 a tip was received by telephone from an anonymous person who stated FUNK DAIRY, INC. is employing about 10 illegal aliens. Two of the illegal aliens are (b)(6);(b)(7)(C);(k)(2)

2 On 6/19/2811, an anonymous caller reported owner (b)(6);(b)(7)(C) is in charge of hiring and knowingly hired 45 illegal aliens.

3 On 5/7/2012, a male anonymous caller stated he is employed at FUNK DAIRY, INC. for the past 6 years and in the last 2 months, about 12 coworkers admitted to him that they are illegally in the U.S. The caller named one illegal coworker as (b)(6);(b)(7)(C);(k)(2) who was recently deported but now works for FUNK DAIRY, INC.

Auditor (b)(6);(b)(7)(C) will prepare a Notice of Inspection and initiate a Form I-9 inspection of FUNK DAIRY, INC.

On September 20, 2012, Auditor (b)(6);(b)(7)(C) issued a Notice of Inspection and Administrative Subpoena to FUNK DAIRY, INC. The Subpoena required submission of Forms I-9 for all current employees and related documents to Auditor (b)(6);(b)(7)(C) by September 26, 2012.

On September 21, 2012, FUNK DAIRY, INC. Co-Owner (b)(6);(b)(7)(C);(k)(2) telephoned Auditor (b)(6);(b)(7)(C) to say the response to the Administrative Subpoena is delayed due to the officer manager being hospitalized.

On September 26, 2012, FUNK DAIRY, INC. Co-Owner (b)(6);(b)(7)(C);(k)(2) telephoned Auditor (b)(6);(b)(7)(C) to ask clarifying questions about the documents required to be submitted by the Administrative Subpoena. (b)(6);(b)(7)(C) said she would put the package into the mail on September 26, 2012.

On October 1, 2012, Auditor (b)(6);(b)(7)(C) received a package via Certified Mail from FUNK DAIRY, INC., 4245 E 3200 N, Murtaugh, ID 83344. The package was post-

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(k)(2);(b)(7)(E)

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ICE

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marked September 26, 2012.

The package contained 71 original Forms I 9 and other documents listed on the Subpoena dated September 20, 2012. The subpoena required submission of the Forms I-9 and other documents by September 26, 2012. The documents are considered to have been submitted timely.

On October 21, 2012, Auditor (b)(6);(b)(7)(C) prepared a Receipt for Property (DHS Form 6051R) for the 71 Forms I-9 and other documents, and mailed a copy of the 6051R, along with an explanation of the review process to (b)(6);(b)(7)(C);(k)(2) Co-Owner, FUNK DAIRY, INC., 4245 E 3200 N, Murtaugh, ID 83344.

On October 23, 2012, Auditor (b)(6);(b)(7)(C) issued a NOTICE OF SUSPECT DOCUMENTS Letter (NOSD) to FUNK DAIRY INC. The SUSPECT DOCUMENT Letter was dated October 25, 2012, and listed 56 employees.

On October 30, 2012, Auditor (b)(6);(b)(7)(C) responded to a letter dated October 25, 2012 from Funk Dairy Co-Owner (b)(6);(b)(7)(C) regarding the Notice of Suspect Documents sent to FUNK DAIRY, INC. dated October 25, 2012. In the letter, (b)(6);(b)(7)(C) requested 90 days to either re-verify or replace employees listed on the Notice of Suspect Documents. Auditor (b)(6);(b)(7)(C) contacted (b)(6);(b)(7)(C) by telephone at 208-308-(b)(6). Auditor (b)(6);(b)(7)(C) explained that Federal law and ICE policies do not allow time to locate and train replacements of unauthorized workers. (b)(6);(b)(7)(C) said he would notify the employees on the Suspect Documents List that they must produce valid work authorization documents or be terminated. (b)(6);(b)(7)(C) said he would accomplish this in a reasonable length of time.

On March 20, 2013, Auditor (b)(6);(b)(7)(C) issued a NOTICE OF TECHNICAL OR PROCEDURAL FAILURES Letter to FUNK DAIRY, INC. via Fed Ex Tracking No. 8017 2447 5379. The NOTICE OF TECHNICAL OR PROCEDURAL FAILURES Letter listed 37 Forms I 9 with technical or procedural failures and gave FUNK DAIRY, INC. until April 9, 2013 to make corrections or explain why corrections cannot reasonably be made.

On April 1, 2013, Auditor (b)(6);(b)(7)(C) received a response to a NOTICE OF TECHNICAL OR PROCEDURAL FAILURES Letter sent to FUNK DAIRY, INC. on March 20, 2013. The NOTICE OF TECHNICAL OR PROCEDURAL FAILURES Letter listed 37 Forms I-9 with technical or procedural failures and gave FUNK DAIRY, INC. until April 9, 2013 to make corrections or explain why corrections cannot reasonably be made.

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(k)(2);(b)(7)(E)

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The April 1, 2013, response provided corrections or reasons why corrections could not be reasonably made. The response is considered timely and responsive.

Auditor (b)(6);(b) noted that one corrected Form I-9 from a Funk Dairy employee listed on the Notice of Technical or Procedural Failures letter was also listed on a Notice of Suspect Documents sent to FUNK DAIRY, INC. on October 23, 2012. Auditor (b)(6);(b) contacted by telephone the person who made the Technical or Procedural Failure corrections at FUNK DAIRY, INC., (b)(6);(b)(7)(C);(b) at 208 442 (b)(6);(b)(7)(C);(k)(2) said all employees listed on the NOSD were terminated except for the person noted by Auditor (b)(6);(b) as still employed according to the response to the Notice of Technical or Procedural Failures letter. (b)(6);(b) said that person, (b)(6);(b)(7)(C);(k)(2) continues to be employed. (b)(6);(b)(7)(C) referred Auditor (b)(6);(b) to Co-Owner (b)(6);(b)(7)(C);(b) for further information.

On April 1, 2013, Auditor (b)(6);(b) placed a call to the cell phone of (b)(6);(b)(7)(C) and left a message identifying himself and requesting a call back regarding the continued employment of a person on the NOSD.

On April 2, 2013, Auditor (b)(6);(b) received a phone call from FUNK DAIRY, INC. Co-Owner (b)(6);(b)(7)(C);(k)(2) said that Employee (b)(6);(b)(7)(C) was still employed despite being on the NOSD. (b)(6);(b)(7)(C);(k) told (b)(6);(b)(7)(C) that (b)(6);(b)(7)(C);(k) was in the process of getting a Work Authorization Card. (b)(6);(b)(7)(C) also said he has one other employee who was listed on the NOSD letter, but provided a new ID. Auditor (b)(6);(b) explained to (b)(6);(b)(7)(C) that continuing to employ individuals on the NOSD placed (b)(6);(b)(7)(C) and FUNK DAIRY, INC. in non-compliance with Federal Law. As stated in the NOSD, Auditor (b)(6);(b) explained that FUNK DAIRY, INC. should notify Auditor (b)(6);(b) of any employee who challenges being on the Suspect Document list and provide Auditor (b)(6);(b) with any documentation presented by the challenging employee. (b)(6);(b)(7)(C) stated he would either obtain new ID for the two employees and provide the information to Auditor (b)(6);(b) or terminate the employees immediately.

On April 11, 2013, FUNK DAIRY, INC. Co Owner (b)(6);(b)(7)(C) sent to Auditor (b)(6);(b) a request to re-verify FUNK DAIRY, INC. employee (b)(6);(b)(7)(C);(b) from (b)(6);(b)(7)(C) was listed on a Notice of Suspect Documents dated October 23, 2012.

On April 12, 2013, Auditor (b)(6);(b) determined the documentation provided by FUNK DAIRY, INC. supported the contention that Employee (b)(6);(b)(7)(C) was authorized

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ROI Number

(k)(2);(b)(7)(E)

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to work in the United States.

On April 12, 2013, Auditor (b)(6);(b)(7)(C) issued a Change To Notice of Inspection Results to FUNK DAIRY, INC. stating (b)(6);(b)(7)(C) is considered authorized to work in the United States.

On April 19, 2013, Auditor (b)(6);(b)(7)(C) issued a Warning Notice to FUNK DAIRY, INC. via Certified Mail Tracking Number 7007 2560 0000 6076 8301.

The Warning Notice consisted of two counts:

Count I Failure to prepare a Form I-9 for Corporate employee / Co-Owner

(b)(6);(b)(7)(C)

Count II Eleven cases of failure to ensure the employee properly completed Section 1 and / or failure to properly complete Section 2 of the Form I-9.

Auditor (b)(6);(b)(7)(C) included in the envelope containing the Warning Notice the following items:

- 1 Cover letter listing enclosed items and requesting Co-Owner (b)(6);(b)(7)(C) telephone Auditor (b)(6);(b)(7)(C) to discuss the Warning Notice and other enclosed items
- 2 Warning Notice signed by SAC (b)(6);(b)(7)(C)
- 3 Handouts listing ICE and CIS website addresses.
- 4 Form I-9 Inspection Overview Fact Sheet.
- 5 Originally submitted and 1 later submitted original Forms I 9.
- 6 CBP Form 6051R receipt documenting return of Forms I-9.
- 7 IMAGE brochures.

On April 25, 2013, Auditor (b)(6);(b)(7)(C) received a telephone from FUNK DAIRY, INC. Co-Owner (b)(6);(b)(7)(C);(k)(2) told Auditor (b)(6);(b)(7)(C) that Office manager (b)(6);(b)(7)(C) was also participating on his speaker phone. (b)(6);(b)(7)(C) said he received the Warning Notice, and was calling to discuss the Warning Notice.

Auditor (b)(6);(b)(7)(C) discussed the issues. First, Auditor (b)(6);(b)(7)(C) requested confirmation that FUNK DAIRY, INC. received the items included in the Warning Notice package. (b)(6);(b)(7)(C) stated she received the original copies of the Forms I-9 and Receipt (CBP6021R). As for the other items, (b)(6);(b)(7)(C) confirmed all the items were received.

Auditor (b)(6);(b)(7)(C) went over the substantive failures by type and discussed the corrective actions that FUNK DAIRY, INC. should take.

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(k)(2);(b)(7)(E)

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For Count 1 (One case of failure to prepare), (b)(6);(b)(7) stated that he is the person listed as not having a Form I-9. (b)(6);(b)(7) said he may have been a corporate employee before November 6, 1986, but he wasn't certain of the date.

(b)(6);(b)(7) said most likely he will complete a new Form I-9.

For Count II, (b)(6);(b)(7) stated that most of the employees were included on the NOSD, and are no longer employed by FUNK DAIRY, INC. For the employees who are still employed, (b)(6);(b)(7) said she would make the necessary corrections or obtain new Forms I-9. (b)(6);(b)(7)(C) also said she will keep the original I-9s with the corrected ones.

Auditor (b)(6);(b)(7) discussed E-Verify and the IMAGE program. (b)(6);(b)(7) expressed an interest in E-Verify and was noncommittal regarding IMAGE.

Review results were as follows:

Number of employees 73

Employees date of hire before 11/6/86 0

Forms I 9 received & reviewed 72

Substantive Paperwork Failures 12 17%

Missing Forms I-9 1 1%

TOTAL substantive Failures 13 18%

Technical & Procedural Failures 37 51%

Suspect Documents 56 78%

The administrative process is now complete.

(k)(2);(b)(7)(E)

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(k)(2);(b)(7)(E)

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Exhibit 6



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CASE NUMBER

(k)(2);(b)(7)(E)

CASE OPENED

2/4/2016

CURRENT CASE TITLE

FUNK DAIRY - VISA FRAUD

REPORT TITLE

3/29/2016 - INTERVIEW OF (b)(6);(b)(7)(C);(k)

SYNOPSIS

On 2/03/2016, four (4) nonimmigrant Mexican citizens informed HSI Boise about a possible visa fraud scheme associated with the Funk Dairy in Murtaugh, Idaho. (b)(6);(b)(7)(C);(k) the operations manager for the Funk Dairy, has allegedly been recruiting animal scientists from Mexico to obtain North American Free Trade Agreement visas in order to work at the Funk Dairy as common laborers. The violations currently being investigated include visa fraud and inducing an alien to enter the United States in violation of the law.

On 3/29/2016, Special Agent (b)(6);(b)(7)(C);(k) and Special Agent (b)(6);(b)(7)(C);(k) interviewed (b)(6);(b)(7)(C);(k) the operations manager for the Funk Dairy, at the HSI Boise office.

REPORTED BY

(b)(6);(b)(7)(C);(k)(2)

SPECIAL AGENT

APPROVED BY

(b)(6);(b)(7)(C);(k)(2)

RAC-RESIDENT AGENT IN

CHARGE

DATE APPROVED

4/4/2016

Current Case Title

FUNK DAIRY - VISA FRAUD

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DETAILS OF INVESTIGATION

DETAILS OF INVESTIGATION

(b)(6);(b)(7)(C);() - Operations Manager

Funk Dairy

4245 East 3200 North

Murtaugh, Idaho 833344

(208) 766 (b)(6);()

(b)(6);(b)(7)(C);(k)(2)

On 3/15/2016, Special Agent (b)(6);(b)(7)(C);() served an administrative subpoena on the Funk Dairy for employment records concerning nine (9) animal scientists from Mexico who had obtained North American Free Trade Agreement visas (TN visas).

On 3/23/2016, (b)(6);(b)(7)(C);(k)(2) the attorney for Funk Dairy, contacted Agent (b)(6);() about the Funk Dairy subpoena. (b)(6);(b)(7)(C);(k)() explained that he was the immigration attorney who completed the nine (9) TN visa applications. He stated that he would email complete copies of their TN visa files directly to Agent

(b)(6);(b)(7)(C);(k)(2) requested that HSI Boise release David Funk, the owner of Funk Dairy, from a personal subpoena appearance to give testimony on 3/29/2016.

(b)(6);(b)(7)(C);(k)() explained that (b)(6);(b)(7)(C);() the operations manager for the Funk Dairy, would be in a better position to answer any questions concerning the employees who received TN visas. Agent (b)(6);() agreed to release (b)(6);(b)(7)() from testifying.

On 3/28/2016, both (b)(6);(b)(7)(C);(k)(2) emailed Agent (b)(6);() several hundred employee records in portable document format.

On 3/29/2016, Special Agent (b)(6);(b)(7)(C);(k)() and Agent (b)(6);() interviewed (b)(6);(b)() (b)(6);() at the HSI Boise office. (b)(6);(b)(7)(C);() told the agents the following information:

1. After an I-9 Form audit in 2013, (b)(6);(b)(7)(C);(k)(2) attempted to implement better employment hiring procedures to obtain a "legal work force" for the Funk Dairy. While at a "herd producer's" meeting in Utah, they first learned about other dairy farms utilizing recent graduates from veterinary colleges in Mexico. Later in 2013, (b)(6);(b)(7)(C);() attended the "Dairy Calf and

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Heifer Association" conference in Green Bay, Wisconsin. At this training session, (b)(6);(b)(7)(C) met with several farmers who had successfully obtained TN visas for Mexican animal scientists.

2. In 2014, (b)(6);(b)(7)(C) hired (b)(6);(b)(7)(C);(k) to advise him on how to apply for H2B visas and TN visas. (b)(6);(b)(7)(C);(k) explained to (b)(6);(b)(7)(C) that only "organic dairy farms" qualified for H2B visas.

3. In August 2014, (b)(6);(b)(7)(C);(k) flew to Mexico to recruit Mexican animal scientists who had recently graduated from the Universidad Nacional Autonoma de Mexico and the Universidad Autonoma de Zacatecas. A Mexican attorney named (b)(6);(b)(7)(C);(k) helped (b)(6);(b)(7)(C);(k) with this process. (b)(6);(b)(7)(C);(k) and (b)(6);(b)(7)(C);(k) located seven (7) graduates willing to work at the Funk Dairy. (b)(6);(b)(7)(C);(k) promised to pay them fifty (50) cents more per hour than his current dairy workers. (b)(6);(b)(7)(C);(k) agreed to provide them with free housing for two (2) months and free transportation for one (1) month. (b)(6);(b)(7)(C);(k) explained to them that they would receive practical work experience at a dairy farm containing over 15,000 animals.

4. After (b)(6);(b)(7)(C);(k) trip to Mexico, (b)(6);(b)(7)(C);(k) filed seven (7) TN visa applications with the United States Embassy in Mexico City, Mexico. (b)(6);(b)(7)(C);(k) wrote the "Dear Sir or Madam" letters signed by (b)(6);(b)(7)(C);(k) that accompanied the TN visa applications. Contained in each of these letters was the following job description paragraph:

"We are seeking to employ "Alien's Name" in the professional position of Animal Scientist to help develop, implement, and oversee effective animal reproduction, nutrition, animal health, and related dairy industry programs relating to effective herd management. Applying advanced theoretical and practical knowledge and skills in the field of animal science. "Alien's Name" will be responsible for performing artificial insemination, sick/pregnant cow treatment, fresh cow monitoring, calving, colostrum handling, feed evaluation, preparation, and related professional duties including monitoring milk cleaning, concentration and monitoring the transfer of antibodies in calf blood. Due to the sophisticated, professional nature of the above duties, the person filling this position must hold at a minimum a Bachelor's degree in Agricultural Science, Dairy Science, Veterinary Medicine, or a closely related field (please note that English language fluency is not required given the specific nature of the above duties and because the animal scientist will report to bilingual supervisory personnel on-site)."

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FUNK DAIRY - VISA FRAUD

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5. In the fall of 2014, the following seven (7) Mexican animal scientists began working at the Funk Dairy: (b)(6);(b)(7)(C);(k)(2)

(b)(6);(b)(7)(C);(k)(2)

6. The animal scientists had a difficult time adjusting to manual labor and cold weather. The scientists did not appreciate having to clean manure from the animal stalls on a regular basis, or assisting with major cleanups due to septic pipe problems in the barns. Several of the animal scientists were "constant complainers," and they "looked down" on the non-educated dairy workers. This caused "friction" within the farm workforce. Both (b)(6);(b)(7)(C);(k)(2) and the other dairy supervisors counseled the disenfranchised animal scientists about their attitudes during their July 2015 evaluations.

7. In April 2015, (b)(6);(b)(7)(C);(k)(2) returned to Mexico to recruit additional animal scientists for the Funk Dairy. (b)(6);(b)(7)(C);(k)(2) met (b)(6);(b)(7)(C);(k)(2) at the Universidad Autonoma de Zacatecas.

8. In July 2015, (b)(6);(b)(7)(C);(k)(2) crushed her finger while working at the Funk Dairy.

9. In August 2015, (b)(6);(b)(7)(C);(k)(2) her finger while working at the Funk Dairy.

10. In September 2015, a surgeon amputated (b)(6);(b)(7)(C);(k)(2) finger after a work place accident at the Funk Dairy.

11. (b)(6);(b)(7)(C);(k)(2) agreed with Agent (b)(6);(b)(7)(C);(k)(2) assessment that (b)(6);(b)(7)(C);(k)(2) former basement bedroom at the Funk Dairy was a "substandard moldy icebox." When (b)(6);(b)(7)(C);(k)(2) learned about the stark conditions in this residence in November 2015, he had the remaining occupants relocated and the building leveled.

12. By December 2015, none of the original seven (7) Mexican animal scientists worked at the Funk Dairy. The animal scientist that stayed until at least November 2015, grossed over \$25,000.00 apiece.

13. In January 2016, (b)(6);(b)(7)(C);(k)(2) filed TN visa applications for (b)(6);(b)(7)(C);(k)(2)

Current Case Title

FUNK DAIRY - VISA FRAUD

ROI Number

(k)(2);(b)(7)(E)

Date Approved

4/4/2016

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ICE

DEPARTMENT OF HOMELAND SECURITY

HOMELAND SECURITY INVESTIGATIONS

REPORT OF INVESTIGATION



OFFICIAL USE ONLY | LAW ENFORCEMENT SENSITIVE

11/03/2016 13:01 EDT

Page 5 of 5

(b)(6);(b)(7)(C);(k)(2) Both of these Mexican animal scientists now work at Funk Dairy. (b)(6);(b)(7)(C);(k)(2) fronted both of them \$2,000.00 so that they could buy a car and find adequate housing in Murtaugh, Idaho.

NOTE - (b)(6);(b)(7)(C);(k)(2) appeared to the agents as being entirely truthful about details of the various animal scientists who he had employed at the Funk Dairy.

(b)(6);(b)(7)(C);(k)(2) candidly admitted that the original seven (7) Mexican animal scientists did not perform all of the professional duties described in "Dear Sir or Madam" letters authored by (b)(6);(b)(7)(C);(k)(2)

Investigation Continues.

Current Case Title

FUNK DAIRY - VISA FRAUD

ROI Number

(k)(2);(b)(7)(E)

Date Approved

4/4/2016

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Exhibit 7

☐ ----- DAVID ONTIVEROS, D.O.
DEA # BO5220809

☐ ----- LANNY CAMPBELL, M.D.
DEA # BC 6113904

☒ ----- DAVID MC CLAIN, M.D.
DEA # BM 3921904

☐ ----- JEREMY B. HAYMORE, M.D.
DEA # BH 9860683

☐ ----- HANS TYLER LARSEN, P.A.
DEA # ML 3526552

EMERGENCY DEPARTMENT
CASSIA REGIONAL MEDICAL CENTER
1501 HILAND AVENUE
BURLEY, ID 83318
(208) 677-6560 TEL. (208) 677-6528 FAX

NAME Gastelum, Brenda DOB 8/7/15

ADDRESS _____ DATE 8/7/15

TAMPER-RESISTANT FEATURES INCLUDE: SAFETY-BLUE
ERASE-RESISTANT BACKGROUND, "ILLEGAL" PANTOGRAPH,
QUANTITY CHECK-OFF BOXES AND REFILL INDICATOR

R To whom it may concern,
Brenda was evaluated in the ER
+ needs to be excused from
work from 8/7-8/10/15

☐ 1-24
☐ 25-49
☐ 50-74
☐ 75-100
☐ 101-150
☐ 151 and over
Units

Refill NR 1 2 3 4 5

Brand Only ☐ del

A brand must be dispensed only if the prescriber has indicated "BRAND ONLY"
by checking the appropriate box on the face of the prescription.

001402 5GFP5106150

Exhibit 8



March 24, 2016

To Whom It Concerns:

Cesar N Martinez Rodriguez started on 12/22/14 and was released on 11/14/15. He is no longer with Funk Dairy due to not meeting our expectations. There for his I-94 was not renewed. Leslie Ortiz Garcia started on 11/24/14 and was released on 11/24/15. She is no longer with Funk Dairy due to not meeting our expectations. There for her I-94 was not renewed. Brenda E Gastelum Sierra started on 12/22/14 and was released on 11/05/15. She is no longer with Funk Dairy due to not meeting our expectations. There for her I-94 was not renewed. Dalia J Padilla Lopez started on 11/24/14 and quit on 01/31/16. Mayra Munoz Lara started on 11/24/14 and quit on 11/27/15. Victor A Hernandez Cervantes started on 11/24/14 and quit on 03/31/15. Ricardo I Neri Camacho started on 11/24/14 and quit on 07/29/15.

Thank You,

Curtis Giles

Exhibit 9

ST. LUKE'S CLINIC ORTHOPEDIC, SPINE AND PLASTIC SURGERY

738 North College Road, Ste. A

Twin Falls, Idaho 83301

Phone: (208) 814-7000 Fax: (208) 933-4913

PATIENT: M. L. Munoz Lara DATE: 9/14/17SS#: 46-14-9316 DOB: 9/14/90 HOME PHONE#: _____

DOI: _____ INITIAL VISIT: _____ FOLLOW UP: _____ FOLLOW UP/ ER: _____

EMPLOYER: _____ EMPLOYER AT TIME OF INJURY: _____

WORKERS COMPENSATION CARRIER: _____ ADJUSTER: _____

DOI: Briefly describe how the injury occurred and what body part was affected: _____

DIAGNOSIS: Rt index finger injury☐ FULL WORK to begin _____☐ OFF WORK (REASON) _____☐ SEDENTARY WORK (mainly work while seated, minimal walking/standing)☒ MODIFIED WORK to begin 11/7/17☐ No lifting, pushing, pulling over 5 pounds☐ Left ☐ Right ☐ Bilateral upper extremity☐ No repetitive bending, stooping or twisting☐ No climbing ladders, stairs, etc.☐ No squatting or kneeling☐ No overhead lifting / reaching with☐ Left ☐ Right ☐ Bilaterally☐ No repetitive gripping/twisting☐ Left ☐ Right ☐ Bilaterally☐ No hand tool use☐ Left ☐ Right ☐ Bilaterally☐ No use of ☐ Right ☐ Left hand☐ Limit keying to _____ hrs/day or take a _____ minute break every hour☐ KEEP WOUND/DRESSING/RASH CLEAN & DRY☐ LIMIT WORKING TO _____ HR/DAY☐ POSITION CHANGE AS NEEDED☐ PATIENT NEEDS: ☐ SPLINT ☐ CAST ☐ SLIPPER☐ CRUTCHES ☐ BRACEMEDICATIONS: ☐ Anti-inflammatory/Pain☐ Muscle relaxant / sleep (after work hours)☐ Narcotics (after work hours)☐ Antibiotics☐ Prescription☐ Other: _____THERAPY: ☐ PT ☐ OT☐ Home stretching / exercises☐ Heat / Ice☐ Other: _____DIAGNOSTIC: ☐ MRI of _____☐ MRI ARTHROGRAM☐ EMG/NCS ☐ Left ☐ Right

SPECIALIST REFERRAL: _____

PHYSICIAN NOTES: _____

Follow up visit: _____

Final visit: _____

Physician's Signature: _____ Date: 9/12/17

By signing this form I certify that I have received and understand the above written instructions. I authorize St. Luke's Clinic Orthopedic and Plastic Surgery or my attending physician to release information regarding my injury or illness to my employer and my employer's insurance carrier.

Patient Signature: _____ Date: _____

White ~ Physician copy

Yellow ~ Patient copy

Exhibit 10

St. Luke's Clinic, LLC - Occupational Medicine**Return to Work Assessment**

775 Pole Line Road W, Suite 101 Twin Falls, ID 83301

Phone: (208) 814-8100 Fax: (208) 814-8927

Date: 03/31/2015 Arrival Time: 5:09 PM Time In: 5:18 PM Time Out: 5:28 PM

Init Appt: Follow-up: Yes Follow-up/ER:

Post Accident Drug Screen Required: No Completed? No

Patient: CESAR NERON MARTINEZ RODRIGUEZ Job Title: LABOR

SSN: DOB: 01/19/1985 Home Phone: 208-358-0554 Other: 208-766-3437

Employer at injury time: FUNK DAIRY Employer Phone:

Date of Injury: 03/03/2015 Ins Carrier: SIF

Description of Injury: COW TURNED ITS HEAD AND THE NEEDLE I WAS HOLDING WENT INTO MY RIGHT THUMB

Diagnosis: Improving needle stick right thumb

☒ (X) Full Work to begin 03/31/2015☐ () Off Work (reason) until☐ () Sedentary Work mainly work while seated, minimal walking/standing until☐ () Modified Work to begin until☐ () No lifting/pushing/pulling over lbs☐ () No repetitive bending, stooping or twisting☐ () No climbing stairs☐ () No climbing ladders☐ () No squatting or kneeling☐ () No overhead reaching ()☐ () No repetitive gripping/twisting ()☐ () No lifting over pounds ()☐ () No hand tool use ()☐ () No use of☐ () Limit keying to hrs daily or
take a min break every hr.☐ () Limit walking☐ () No commercial driving☐ () Off rest of shift☐ () No transfers☐ () No solo transfers☐ () No driving while on sedating medications☐ () Other:☐ () Keep clean and dry☐ () Limit working to hrs daily☐ () Position change whenever necessary☐ () The patient needs:**Physician Notes:**Follow-up Visit: ☒ (X) Final VisitPerson Contacted: Date/Time: March 31, 2015 5:28 PM ☐ () No ContactPhysician Signature: Electronically Signed by Stagg MD, Douglas Date: March 31, 2015

The worker is able to perform activities that do not exceed these restrictions. Restrictions apply 24 hours per day, to all work and non-work activities, and are temporary (unless otherwise stated) until the date specified.

By signing this form, I certify that I have received and understand the above written instructions. I authorize SLMV or my attending physician to release information on my injury or illness to my employer and my employer's insurance carrier.

Patient Signature

Date: 03/31/2015



WORK INJURY/ACCIDENT INFORMATION

NAME: Joan Martinez DOB: _____ SSN: _____

DATE AND TIME OF INJURY/ACCIDENT: 10-13-15

EMPLOYER AT TIME OF INJURY: More Less LL-12 h2.

EMPLOYER ADDRESS: 785 S 1400 W, Montangh, Id

EMPLOYER PHONE #: (208) 758 0554

EMPLOYER CONTACT PERSON: Linda (208) 934 7733

DOES YOUR EMPLOYER REQUIRE A DRUG SCREEN AS A RESULT OF THIS INJURY/ACCIDENT?
☐ YES ☐ NO ☐ NOT KNOWN

EXACT CIRCUMSTANCES OF THE ACCIDENT/INJURY:

Se estaba tratando de atrapar del cuello a una vena en un portal de
un pozo la vena se movió aparentemente que rápido y caíste
de modo de manera que me arrojé hacia un lado golpeándome fuerte
en mi hombro izquierdo.
Después del accidente he sentido dolor en mi espalda, brazo y en el hombro.

☐ Full work to begin: _____

☐ Off work until: _____

☐ Sedentary work to begin (Mainly work while seated, minimal walking/standing) until: _____

☒ Modified work to begin 10-15-15 until: 10-22-15

☐ No lifting, pushing, pulling over 10 pounds

☐ No repetitive bending, stooping or twisting

☐ No climbing stairs

☐ No climbing ladders

☐ No squatting or kneeling

☐ No overhead reaching

☐ No repetitive gripping or twisting

☒ No lifting over 25 pounds

☐ No hand tool use

☐ No use of _____

☐ Limit keying to _____ hours a day or take a

☐ Limit walking

☐ No commercial driving

☐ Off the rest of the shift

☐ No transfers

☐ No solo transfers

☐ No driving on sedating medication

☐ Keep clean and dry

☐ Limit work to _____ hours a day

☐ Position change whenever necessary

☐ The patient needs:

_____ minute break every hour

☒ Other 4/22-15

Medications: Etadone (100 mg)

Therapy: _____

Diagnosis: Shoulder contusion / Acute on chronic LBP

Referred to: _____

Follow up visit: 10/20/15 to day

Providers signature: _____

Date: _____

Patient signature: Joan Martinez

Date: 10-15-15



Toxicology

Specimen ID Number _____

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

COLLECTION SITE / COMPANY NAME: _____

NAME: Physicians Immediate Care CenterADDRESS: 260 Falls Avenue, Suite C

SUITE: _____

CITY: Twin Falls, Idaho 83301

STATE: _____

POSTAL CODE: _____

(208) 736-7422

PHONE: Fax (208) 736-8905

FAX: _____

DONOR SSN, DRIVER'S LICENSE
or EMPLOYEE I.D. NO.: 787 29 84 11ID VERIFIED BY: PHOTO ID ☒ EMPLOYER REP ☐DONOR NAME: Last: MartinezFirst: Cesar

REASON FOR TEST:

Pre Employment ☐Random ☐Reasonable Suspicion / Cause ☐Post Accident ☒Return to Duty ☐Follow Up ☐Other ☐

COLLECTOR NAME (PRINT)

Jenni Luevano MACollector Phone No. (208) 736-7422Collector Fax No. (208) 736-8905Read specimen temperature within (4) minutes. Specimen within range: ☐ Yes, 90° - 100°F (32° - 38°C) ☐ No, record specimen temperature here _____

STEP 2: COMPLETED BY DONOR

DONOR CONSENT: I certify that I provided my specimen to the collector, that the specimen container was sealed with a tamper proof seal in my presence and that the information provided on this form and on the label affixed to the specimen container is correct. I hereby give permission for the release of the results of these tests to the health care provider. In the case of screening for employment or pre-employment, I also authorize release of the results of these tests to my employer or prospective employer and / or their authorized health care provider.

☒

Signature of Donor

(Print) Donor's Name (First, MI, Last)

Date (Mo/Da/Yr)

10-15-15

Date (Mo/Da/Yr)

Daytime Phone:

(208) 358 0554

Evening Phone:

Date of Birth

02-19-1985

Date (Mo/Da/Yr)

STEP 3: COMPLETED BY COLLECTOR — PRELIMINARY TEST RESULTS

ON-SITE SCREENING DEVICE
preliminary resultsCatalog #: 2436P

Lot #: _____

Exp. Date: _____

Screen performed by:
(If different than collector)☒

Date: _____

Remarks: _____

SPECIMEN VALIDITY TEST RESULTS
(See color chart and package insert for interpretation)

Oxidant

Normal []
Abnormal []
Not Tested []

Specific Gravity

Normal []
Abnormal []
Not Tested []

pH

Normal []
Abnormal []
Not Tested []

Nitrite

Normal []
Abnormal []
Not Tested []

GL

Normal []
Abnormal []
Not Tested []

Creatinine

Normal []
Abnormal []
Not Tested []

DRUG NAME

NEG

PRESUMPTIVE
POSITIVENOT
TESTED

Amphetamine (AMP)

Barbiturates (BAR)

Benzodiazepines (BZO)

Buprenorphine (BUP)

Cocaine (COC)

EDDP (Methadone Metabolite)

Marijuana (THC)

Methadone (MTD)

Methamphetamine (mAMP)

Ecstasy (MDMA)

Opiate (OPI/MOP)

Oxycodone (OXY)

Phencyclidine (PCP)

Propoxyphene (PPX)

Tricyclic Antidepressants (TCA)

Other met

ALCOHOL SCREEN (If Performed)

Results

STEP 4: COLLECTOR CERTIFICATION

COLLECTOR CERTIFICATION: I certify that the specimen given to me by the donor identified above was collected, labeled, sealed & released as noted in accordance with applicable requirements.

☒

Signature of Collector

☒

(Print) Collector's Name (First, MI, Last)

Jenni Luevano MA

Time of Collection

5:03 PM

Date (Mo/Da/Yr)

10/15/15



Date of Visit: October 15, 2015
 Seen By: Jeremy Willes, PA-C Supervised By: Travis Page, DO
 Location: Physicians Immediate Care Center
 260 Falls Avenue, Suite C
 Twin Falls, ID 83301-3370
 208-736-7422

FUNK DAIRY

GENERAL
 4245 EAST 3200 NORTH
 MURTAGH, ID 83344
 Policy Holder: FUNK DAIRY
 Relation:
 DOB: 1/19/1985
 Gender: M
 Employer: FUNK DAIRY

Group #:
 Insurance #: 787298411
 Effective Date: 10/15/2015
 Type: Occ Med

Guarantor:
 Patient Name: Cesar Martinez
 23811 US HIGHWAY 30
 MURTAUGH, ID 83344
 DOB: 01/19/1985 Gender: M

Visit Date:	Description:		Qty	Amount
10/15/15	99202 - NEW PATIENT EXPANDED EXAM	\$68.00	1	\$68.00
				Total Charges: \$68.00
				Total Payments: \$0.00
				Balance: \$68.00

Clinical Summary Report

Chief Complaint

Patient comes in today for a Lower back pain and Shoulder pain.

Vitals

BP: 109/58 mmHg, PULSE: 72 bpm, TEMP: 98.7, WEIGHT: 121 lb(54.88 kg) (4:00 PM)

A/P

Contusion of left shoulder, initial encounter (923.00, S40.012A)

Dorsalgia, unspecified (724.5, M54.9)

Patient will RTC tomorrow for xrays as I have no tech available.

Back is acute on chronic pain. Likely worse from recent incident.

Apply either ice or heat to low back for twenty minutes, three times a day. No heavy lifting/carrying/pushing/pulling. Rest on a firm surface flat on your back with a pillow underneath your knees. Please take all meds as prescribed.

Prescribed etodolac 400 mg tablet: Take 1 (Oral) 3 times per day for 10 days; Total Qty: 30 (Thirty); No refills; Allow substitutions



Immediate Care Center

Date of Visit: October 16, 2015
Seen By: Jeremy Willes, PA-C Supervised By: Travis Page, DO
Location: Physicians Immediate Care Center
 260 Falls Avenue, Suite C
 Twin Falls, ID 83301-3370
 208-736-7422

FUNK DAIRY

GENERAL
 4245 EAST 3200 NORTH
 MURTAGH, ID 83344
Policy Holder: FUNK DAIRY
Relation:
DOB: 1/19/1985
Gender: M
Employer: FUNK DAIRY

Group #:
Insurance #: 787298411
Effective Date: 10/15/2015
Type: Occ Med

Guarantor:
Patient Name: Cesar Martinez
 285 EAST 1400 WEST
 MURTAUGH, ID 83344
 DOB: 01/19/1985 Gender: M

Visit Date:	Description:		Qty	Amount
10/16/15	72100 - Lumbar 2 view	\$110.00	1	\$110.00
10/16/15	73030 - Shoulder 2 view	\$90.00	1	\$90.00
				Total Charges: \$200.00
				Total Payments: \$0.00
				Balance: \$200.00

Clinical Summary Report

Chief Complaint

Here for xrays. Refer to 10/15 visit for details.

Procedures

Lumbar 2 view [72100] QTY (1) [Completed by: Jeremy Willes, PA-C]
 Shoulder 2 view [73030] QTY (1) Left, [Completed by: Jeremy Willes, PA-C]

A/P

Contusion of left shoulder, initial encounter (923.00, S40.012A)
 Dorsalgia, unspecified (724.5, M54.9)
 X-rays are normal.
 Will refer to PT for evaluation/management.
 F/U here in 1 week.
 Instructions: Wright Physical therapy appointment in Burley office 10-19-15@9:00am

Wright

PHYSICAL THERAPY
 JOINT • SPINE • SPORT

www.wrightpt.com

Se Habla Español

Bryan Wright PT, DPT, Cert. MDT
 Tyler Billings PT, DPT
 Ryan Bishop PT, DPT
 Jono Barker PT, DPT
 Shawn Higbee PT, DPT
 Cliff Wright PT, DPT

Dan King PT, DPT
 Shane Searle PT, DPT
 James Wood PT, DPT
 Cory Christensen PT, DPT
 Jennifer Wood PTA
 Brittany Ward ESS

Patient Cesar Martinez Phone #: 208-358-0554 Date 10/16/15
 Diagnosis: Left Shoulder Pain & Low Back Pain

FREQUENCY OF TREATMENT (Please circle)

1 2 3 4 5 Visits/Week

DURATION OF TREATMENT (Please circle)

1 2 3 4 5 6 7 8 Weeks

☒ **Evaluate and Treat**

- ☐ FCE (Functional Capacity Evaluation)
- ☐ Cardiovascular Evaluation
- ☐ Protocol Attached

PROCEDURES

- ☐ Orthotics Evaluation
- ☐ Gait Analysis
- ☐ Manual Therapy
- ☐ Home Exercise Program

WORK WRIGHT

- ☐ FCE (Functional Capacity Evaluation)
- ☐ FJA (Functional Job Assessment)
- ☐ Pre-Work Screen
- ☐ Ergonomics Assessment
- ☐ WR Work Rehabilitation

MODALITIES

- ☐ Ultrasound
- ☐ Iontophoresis
- ☐ Cervical Traction
- ☐ Lumbar Traction
- ☐ TENS (HOME)
- ☐ NMES (Muscle Stim)
- ☐ Interferential
- ☐ Laser

SCIATHLETE

- ☐ High Performance/
Sports Bridge Program

THERAPEUTIC EXERCISE

- ☐ Active ROM
- ☐ Passive ROM
- ☐ Active Strengthening
- ☐ Lumbar Stabilization
- ☐ Fitness / Weight Loss
- ☐ Proprioception / Balance
- ☐ Aquatic Therapy
- ☐ Jump Training
- ☐ Pre & Post Partum
- ☐ Lymphedema Treatment

The Leader in Orthopaedic Physical Therapy and Sports Medicine

Instruction/Precaution:

10.19-1509.00am

10.16.15
 Date

Physician Signature

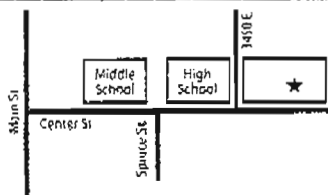
Printed Name



1444 Falls Ave E.
Twin Falls, ID 83301
Phone (208) 736-2574



111 Pioneer Ct.
Jerome, Idaho 83338
Phone (208) 944-9277



931 Center St. Suite C
Kimberly, ID 83341
Phone (208) 423-9999

Please fax this referral to Twin Falls 736-2594, Kimberly 423-9998 or Jerome 944-9280

Exhibit 11